CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY OF SAN ANTONIOFORM COH CITY CLERK COVER SHEET PG 1

		2005 JAN 18	PM I I. S
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST CARROLL	MI ✓	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	SCHUBERT		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / POBOX: APT / SUITE #: C PO. BOX 460455 SAN ANTONIO, TX 78246	ITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(210) 349-0515		Receipt # Amount
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST ERNESTO	MI	Date Processed
NAME	NICKNAME LAST ANCIRA	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or business)	6111 BANDERA ROA	o SAN ANTONIO	TX 78238
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 681-4900	EXTENSION	
9 REPORTTYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O7 / D1 / O4 THROU	JGH 12/31	Year / O +
11 ELECTION	ELECTION DATE Month Day Year 0.5 / 0.7 / 0.5 Primary		General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
44 NOTES	CITY COUNCIL DISTRICT 9	MAYOR	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign experience Candidates are required to disclose this information of Name	nditures made by others without the can- inly if they receive notification of the dire	didate's prior consent or approval. ct campaign expenditure. ••
	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code	
additional pages			
	GO TO I	PAGE 2	

xas Etnics Commission	P.O. Box 12070	Austin, Texas 78711-207	0	(512) 463-580	00 1-800-325-850
CANDIDAT SUPPORT 8	E / OFFICEI & TOTALS	HOLDER REF	PORTEY OF SA	N ANTONIO LERK Cover	FORM C/OH SHEET PG 2
5 C/OH NAME			7805 JAN 18	16ACCOUNT	T # (Ethics Commission filers)

		2005 MAIL R P	M 1.: 1.5
15 C/OH NAME			16ACCOUNT # (Ethics Commission filers)
MR. CA	RROLL S	HUBERT	
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been mad	otice of political expenditures by political committees to support the canding e without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures. ••	date / officeholder. <i>These expenditures</i> tes and officeholders are required to report
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 178,732.80
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ ~ O-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 48429 00
CONTRIBUTION BALANCE	5. TOTAL I	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$200,885.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	s -O
19 AFFIDAVIT	TE OF TEARS APPINES O4-2005 MINIMUM MINIMUM	me under Title 15, Election Code.	erjury, that the accompanying report of a formation required to be reported by
Sworn to and subscrib	ped before me, by	the said Carroll W. Schuber	, this the day
of saluary, 2	0 <u><i>U</i> S</u> , to cer	tify which, witness my hand and seal of office.	111 o L.
Signature of officer ad	ministering bath	Printed name of officer administering oath Titl	e of officer administering oath

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CIGHE) RESERVO 1-800-325-8506

The Instruction	guide explains how to coplete this form.		Total pages Schedule	A1 :
				Page 1 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	commission filers)
7/1/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
1 micipal deci	upanion (Opinonal)	Employer (C	Optional)	
Date 7/1/2004	Full name of contributor out-of-state PAC (ID#: David Cochran Contributor address; City; State; Zip Code 12 Inwood Ridge Drive, San Antonio, Tx 78248-168		Amount of contribution (\$) \$500.00	In-kind contribution descriptio (if applicable)
Principal occi	upation (Optional)	Employer (O	Optional)	
Date 7/3/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (O	optional)	
Date 7/6/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution descriptio (if applicable)
Principal occu	upation (Optional)	Employer (O	ptional)	1
Date 7/7/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution descriptio (if applicable)
Principal occu	upation (Optional)	Employer (O	ptional)	1

P.O. Box 12070



The Instruction	guide explains how to coplete this form.	Total pages Schedule	A1:
			Page 2 of 62
FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethics of	commission filers)
Date 7/7/2004	Full name of contributor	contribution (\$) \$1,000.00	In-kind contribution descriptio (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	
Date 7/7/2004	Full name of contributor	Amount of contribution (\$) \$500.00	In-kind contribution descriptio (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 7/7/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	1
Date 7/7/2004	Full name of contributor out-of-state PAC (ID#: Marcus Rogers Contributor address; City; State; Zip Code 745 E. Mulberry #850, San Antonio, TX 78212	Amount of contribution (\$) \$100.00	In-kind contribution descriptio (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 7/7/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$500.00	In-kind contribution descriptio (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	

P.O. Box 12070

RECEIVED
Austin, Texas 78711-2670 CITY CLERK(512) 463-5800 1-800-325-8506

The Instruction	R THAN PLEDGES OR LOANS 2		Total pages Schedule	A1:
				Page 3 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	commission filers)
Date 7/7/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (Op	tional)	
Date 7/8/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	itional)	
Date 7/8/2004	Full name of contributor out-of-state PAC (ID#: John K Miller Contributor address; City; State; Zip Code 24165 IH 10 West #217, San Antonio, TX 78257-116		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (Or	itional)	1
Date 7/8/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	tional)	
Date 7/8/2004	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	tional)	T

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

The Instruction guide explains how to coplete this form.		The Instruction guide explains how to coplete this form.			Total pages Schedule A	Page 4 of 62
Carroll W. Schubert			ACCOUNT# (Ethics c	ommission filers)		
Date 7/8/2004	Full name of contributor out-of-state PAC (ID#: Alex B Hamilton Contributor address; City; State; Zip Code 1449 Blue Crest, San Antonio, TX 78232)	Amount of contribution (\$) \$100.00	In-kind contribution descrip (if applicable)		
Principal occu	upation (Optional)	Employer (C	Optional)			
Date 7/9/2004	Full name of contributor out-of-state PAC (ID#: Keith Booke Contributor address; City; State; Zip Code P.O. Box 696000, San Antonio, TX 78269-6000		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)		
Principal occu	upation (Optional)	Employer (C	Optional)	***		
Date 7/9/2004	Full name of contributor out-of-state PAC (ID#: Dolph Briscoe Contributor address; City; State; Zip Code P O Box 389, Uvalde, TX 78801		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)		
Principal occu	upation (Optional)	Employer (C	Optional)			
Date 7/9/2004	Full name of contributor out-of-state PAC (ID#: John Ehlers Contributor address; City; State; Zip Code 1403 Greystone Ridge, San Antonio, TX 78258-44		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)		
Principal occu	upation (Optional)	Employer (C	Optional)			
Date 7/10/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descrip (if applicable)		
Principal occu	ipation (Optional)	Employer (C	Optional)			

P.O. Box 12070

RECEIVED OF SAN ANTONIO CITY CLERK (512) 463-5800 1-800-325-8506 Austin, Texas 78711-2070

The Instruction	guide explains how to coplete this form.		Total pages Schedule	e A1:	
			. •	Page 5 of 62	
FILER NAME Carroll W. Schubert			ACCOUNT # (Ethics o	ommission filers)	
Date 7/10/2004 Principal occu	Full name of contributor out-of-state PAC (ID#: Mike Ciskowski Contributor address; City; State; Zip Code 11742 Elmscourt, San Antonio, TX 78230	Employer (C	Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)	
			,		
Date 7/11/2004	Full name of contributor out-of-state PAC (ID#: Edith McAllister Contributor address; City; State; Zip Code 203 Terrell Rd, San Antonio, TX 78209		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)	
Principal occupation (Optional)		Employer (C	ptional)		
Date 7/11/2004	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)	
Principal occu	ipation (Optional)	Employer (O	ptional)		
Date 7/12/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)	
Principal occu	upation (Optional)	Employer (O	ptional)		
Date 7/12/2004	Full name of contributor out-of-state PAC (ID#: Hugh Halff, Jr. Contributor address; City; State; Zip Code 745 E. Mulberry #400, San Antonio, TX 78212)	Amount of contribution (\$) \$5,000.00	In-kind contribution descrip (if applicable)	
Principal occu	pation (Optional)	Employer (O	ptional)		

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS guide explains how to coplete this form.		Total pages Schedule A		
				Page 6 of 62	
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics c	ommission filers)	
Date 7/12/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)	
Principal occu	pation (Optional)	Employer (O	ptional)		
Date 7/12/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)	
Principal occupation (Optional) Employe		Employer (O	ptional)		
Date 7/12/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)	
Principal occu	pation (Optional)	Employer (O	ptional)		
Date 7/13/2004	Full name of contributor out-of-state PAC (ID#: Meredith Mallory, Jr. Contributor address; City; State; Zip Code 8151 Broadway #100, San Antonio, TX 78209-1938		Amount of contribution (\$)	In-kind contribution descrip (if applicable)	
Principal occu	pation (Optional)	Employer (O	ptional)	1	
Date 7/13/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)	
Principal occu	pation (Optional)	Employer (O	ptional)		



Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 1-800-325-8506 **POLITICAL CONTRIBUTIONS** 2005 JAN 18 PM 4: 46 OTHER THAN PLEDGES OR LOANS The instruction guide explains how to coplete this form. Total pages Schedule A1: Page 7 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 7/13/2004 Joseph Gorder \$1,000.00 Contributor address; Zip Code 2326 Estate Gate, San Antonio, TX 78260-2302 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: In-kind contribution description Amount of contribution (\$) 7/13/2004 Gary L Joeris \$500.00 Contributor address; Zip Code 1390 E. Bitters Road, San Antonio, TX 78216 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 7/13/2004 Deborah Bauer \$1,000.00 Contributor address: City; State; Zip Code 19310 Stone Oak Parkway, Suite 201, San Antonio, TX 7825 Principal occupation (Optional) Employer (Optional) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/14/2004 Walter M Bain \$100.00 Contributor address: City: State: Zip Code 418 Evans Avenue, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/14/2004 Steven Blank \$1,000.00 Contributor address; State; Zip Code 340 Terrell Road, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	\1 :
				Page 8 of 62
FILER NAME Carroll W. Schubert			ACCOUNT # (Ethics c	ommission filers)
Date 7/14/2004	Full name of contributor out-of-state PAC (ID#: Curtis Anastasio Contributor address; City; State; Zip Code 3103 Old Elm Way, San Antonio, TX 78230		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 7/15/2004	Full name of contributor out-of-state PAC (ID#: Cliff Bolner Contributor address; City; State; Zip Code 110 West Lynwood Place, San Antonio, TX 78		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occupation (Optional)		Employer (Optional)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date 7/15/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	1
Date 7/15/2004	Full name of contributor out-of-state PAC (ID#: Jim Callaway Contributor address: City; State; Zip Code 330 Westover Road, San Antonio, TX 78209		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 7/16/2004	Full name of contributor out-of-state PAC (ID#:	8216	Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	

The Instruction	he Instruction guide explains how to coplete this form.		Total pages Schedule A1:	
				Page 9 of 62
Carroll W. Schubert			ACCOUNT # (Ethics o	commission filers)
7/17/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
· morpar occup	and (Optional)	Employer (C	Optional)	
Date 7/17/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occup	ation (Optional)	Employer (C	Optional)	18
Date 7/18/2004	Full name of contributor out-of-state PAC (ID#: Tom Loeffler Contributor address; City; State; Zip Code 150 Thelma, San Antonio, TX 78212		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (If applicable)
Principal occup	ation (Optional)	Employer (C	ptional)	1
Date 7/19/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occup	ation (Optional)	Employer (O	ptional)	1
Date 7/19/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descripti (if applicable)
Principal occup	ation (Optional)	Employer (O	ptional)	

The Instruction guide explains how to copiete this form.		The Instruction guide explains how to coplete this form.			Total pages Schedule A	
				Page 10 of 62		
Carroll W. Schubert			ACCOUNT # (Ethics c	ommission filers)		
Date 7/19/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)		
Principal occu	pation (Optional)	Employer (C	Optional)			
Date 7/19/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descript (If applicable)		
Principal occu	pation (Optional)	Employer (C	Optional)			
Date 7/20/2004	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)		
Principal occu	pation (Optional)	Employer (C	Optional)			
Date 7/20/2004	Full name of contributor out-of-state PAC (ID#: Brian Weiner Contributor address; City; State; Zip Code P.O. Box 7608, San Antonio, TX 78207		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)		
Principal occu	pation (Optional)	Employer (C	optional)	1		
Date 7/21/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)		
Principal occu	pation (Optional)	Employer (C	optional)			

P.O. Box 12070



The Instruction	guide explains how to coplete this form.		Total pages Schedule A	A1:
				Page 11 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics of	ommission filers)
Date 7/22/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	otional)	
Date 7/22/2004	Full name of contributor out-of-state PAC (ID#: Paul Denham Contributor address; City; State; Zip Code 22430 Sierra Blanca, San Antonio, TX 78259		Amount of contribution (\$) \$500.00	In-kind contribution descriptio (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	
Date 7/22/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	!
Date 7/23/2004	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution descriptio (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	ı
Date 7/23/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	

Austin, Texas 78711-2070

1-800-325-8506 POLITICAL CONTRIBUTIONS 2005 JAN 18 PM 4: LSCHEDULE A1 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 12 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert out-of-state PAC (ID#: Date Full name of contributor In-kind contribution description (if applicable) Amount of contribution (\$) 7/23/2004 Richard Kleberg, III \$500.00 Contributor address; Zip Code P.O. Box 17777, San Antonio, TX 78217 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID# In-kind contribution description Amount of contribution (\$) 7/24/2004 Gloria Galt \$100.00 Contributor address: 700 E. Hildebrand Avenue #1001, San Antonio, TX 78212 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 7/25/2004 John J McCusker \$100.00 Contributor address: State; Zip Code 119 W. Huisache, San Antonio, TX 78212-2942 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: In-kind contribution description Amount of contribution (\$) (if applicable) 7/25/2004 A. Ryland Howard \$75.00 Contributor address: City; Zip Code 144 Park Hill Dr., San Antonio, TX 78212 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/26/2004 Roger Hill, Sr. \$100.00 Contributor address; Zip Code 210 W. Lynwood, San Antonio, TX 78212 Principal occupation (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Employer (Optional)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITYOTEN 45 R 1-800-325-8506

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 13 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	
Date 7/26/2004 Principal occu	Full name of contributor out-of-state PAC (ID#: Wayne Harwell Contributor address; City; State; Zip Code P.O. Box 17065, San Antonio, TX 78205	Employer (C	Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Joe Straus, Jr. Contributor address; City; State; Zip Code 555 Argyle Avenue, San Antonio, TX 78209)	Amount of contribution (\$) \$125.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	optional)	
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Frank Kudla Contributor address; City; State; Zip Code 46 Champions Run, San Antonio, TX 78258)	Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Jack Warkenthien Contributor address; City; State; Zip Code 12 Inwood Manor, San Antonio, Tx 78248		Amount of contribution (\$) \$250.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	1

P.O. Box 12070

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS

2005 JAM 18 PM 4: 46 SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule	Page 14 of 62
EII ED NAME				
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	commission filers)
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Harriet Marmon Contributor address; City; State; Zip Code 8234 Plum Valley, San Antonio, TX 78255		Amount of contribution (\$) \$100.00	In-kind contribution descrip (If applicable)
Principal occi	upation (Optional)	Employer (0	Optional)	
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Goode Casseb Jones et al, Comm. For Resp. Govt. Contributor address; City; State; Zip Code P.O. Box 120480, San Antonio, Tx 78212		Amount of contribution (\$) \$250.00	In-kind contribution descrip (If applicable)
Principal occi	upation (Optional)	Employer (C	Optional)	· Al-
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: John Worthington Contributor address; City; State; Zip Code 16211 La Cantera Parkway, San Antonio, TX 782		Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (C	Optional)	<u> </u>
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Danny Sharon Contributor address; City; State; Zip Code 1815 Buck Ridge Lane, San Antonio, TX 78232-4		Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	optional)	t
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Mark Bauer Contributor address; City; State; Zip Code 420 Grandview, San Antonio, TX 78209)	Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
	ATTACH ADDITIONAL COPIES OF T	HIS FORM AS NE	EDED	



The Instruction	guide explains how to coplete this form.		Total pages Schedule A	A1:
				Page 15 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics c	ommission filers)
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Linda Hanan Contributor address; City; State; Zip Code 206 Happy Trail, San Antonio, TX 78231-1422		Amount of contribution (\$) \$500.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#: Eugene Dawson, Jr Contributor address; City; State; Zip Code 555 East Ramsey, San Antonio, TX 78216		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 7/26/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 7/27/2004	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	1
Date 7/27/2004	Full name of contributor out-of-state PAC (ID#: Jim Goudge Contributor address; City; State; Zip Code 1177 N.E. Loop 410, San Antonio, TX 78209		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	

Austin, Texas 78711-2070



POLITICAL CONTRIBUTIONS 2005 JAN 18 PM 4: 46 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 16 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/27/2004 Scott Barr \$100.00 Contributor address; 2517 Boardwalk, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 7/27/2004 William Atwell II \$250.00 Contributor address: City; State; Zip Code 970 Isom Road, San Antonio, TX 78216 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/27/2004 **Bradley Barron** \$500.00 Contributor address; City; State; Zip Code 221 Madison, San Antonio, TX 78204 Principal occupation (Optional) Employer (Optional) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description 7/27/2004 Sidney Edwards \$500.00 Contributor address; City; State; Zip Code 29330 Grand Coteau Dr, Fair Oaks Ranch, Tx 78015 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/27/2004 Joe Bradberry \$500.00 Contributor address: City: State; 714 Contadora, San Antonio, TX 78258 Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

Austin, Texas 78711-2070



1-800-325-8506

The Instruction	guide explains how to coplete this form.		Total pages Schedule	A1:
				Page 17 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics o	ommission filers)
Date 7/27/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution descripti (if applicable)
Principal occi	upation (Optional)	Employer (0	Optional)	
Date 7/27/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descripti (if applicable)
Principal occi	upation (Optional)	Employer (C	Optional)	
Date 7/27/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descripti (if applicable)
Principal occu	upation (Optional)	Employer (C	Optional)	
Date 7/27/2004	Full name of contributor out-of-state PAC (ID#: Michael Morell Contributor address; City: State; Zip Code 211 Alta Ave., San Antonio, TX 78209		Amount of contribution (\$)	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (O	optional)	
Date 7/28/2004	Full name of contributor out-of-state PAC (ID#:	8209-6305	Amount of contribution (\$) \$100.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	I

P.O. Box 12070

RECEIVED
Austin, Texas 78711-2070 TY OF SAN ANTONIO
(1TY CLERK12) 463-5800 1-800-325-8506

	HER THAN PLEDGES OR LOANS 2005 JAM 18 PM 4: 46 ruction guide explains how to copiete this form.		Total pages Schedule A	.1 :
				Page 18 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 7/28/2004	Full name of contributor out-of-state PAC (ID#: Steve C Lewis Contributor address; City; State; Zip Code P.O. Box 5190, San Antonio, TX 78201		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occu	ipation (Optional)	Employer (6	Optional)	
Date 7/28/2004	Full name of contributor out-of-state PAC (ID#: J. Tullos Wells Contributor address; City; State; Zip Code 800 One Alamo Plaza, Suite 800, San Antonio,		Amount of contribution (\$) \$2,500.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (6	Optional)	
Date 7/28/2004	Full name of contributor out-of-state PAC (ID#: Steve Bonnette Contributor address; City; State; Zip Code 227 Bluff Hollow, San Antonio, TX 78216-6301		Amount of contribution (\$) \$250.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (6	Optional)	
Date 7/28/2004	Full name of contributor out-of-state PAC (ID#: Ken Wright Contributor address; City; State; Zip Code 1175 W. Bitters #200, San Antonio, TX 78216-		Amount of contribution (\$) \$100.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	
Date 7/28/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	

P.O. Box 12070

RECEIVED
CITY OF SAN ANTONIO
Austin, Texas 78711-2070 CITY CLER#12) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS

SCHEDULE A1

Nancy Kelley S500.00 S500.00	The Instruction	guide explains how to coplete this form.	Total pages Schedule /	Page 19 of 62
7/28/2004 Nancy Kelley Comitibutor address; City: State: Zip Code 9830 Colonnade Blvd Ste 600, San Antonio, TX 78230-2239 Principal occupation (Optional) Date Full name of contributor Gontributor 1627 Fawn Bluff, San Antonio, TX 78248 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution descript (if applicable) Principal occupation (Optional) Date Full name of contributor Out-of-state PAC (ID#: Contributor address; City: State: Zip Code Steven J Pritchard Contributor address; City: State: Zip Code Contributor address; City: State: Zip Code Sold Broadway, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution descript (if applicable) In-kind contribution descript (if applicable) Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution descript (if applicable) In-kind contribution descript (if applicable) Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution descript (if applicable) In-kind contribution descript (if applicable) Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution descript (if applicable) In-kind contribution descript (if applicable) Principal occupation (Optional) Employer (Optional) In-kind contribution descript (if applicable) In-kind contribution (if applicable)	FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethics of	commission filers)
Date Full name of contributor		Nancy Kelley Contributor address; City; State; Zip Code	contribution (\$)	In-kind contribution descripti (if applicable)
T/28/2004 Mary Ann Veltri Contributor address; City; State: Zip Code 1627 Fawn Bluff, San Antonio, TX 78248 Principal occupation (Optional) Date Full name of contributor Contributor address; City; State: Zip Code 5631 Broadway, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution descript (if applicable) Principal occupation (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor Out-of-state PAC (ID#	Principal occu	pation (Optional) Empl	oyer (Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Mary Ann Veltri Contributor address; City; State; Zip Code	contribution (\$)	In-kind contribution descripti (if applicable)
T/28/2004 Steven J Pritchard Contributor address; City; State; Zip Code 5631 Broadway, San Antonio, Tx 78209 Principal occupation (Optional) Date Full name of contributor Contributor address; City; State; Zip Code T/28/2004 Robert P Braubach Contributor address; City; State; Zip Code 106 S. St. Mary's, Suite 200, San Antonio, TX 78205 Principal occupation (Optional) Employer (Optional) In-kind contribution descript (if applicable) Full name of contributor T/28/2004 Potential PAC (ID#:	Principal occu	pation (Optional) Empl	oyer (Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Steven J Pritchard Contributor address; City; State; Zip Code	contribution (\$)	In-kind contribution descripti (if applicable)
7/28/2004 Robert P Braubach Contributor address; City; State; Zip Code 106 S. St. Mary's, Suite 200, San Antonio, TX 78205 Principal occupation (Optional) Date Full name of contributor Bury & Partners Contributor address; City; State; Zip Code 10000 San Pedro #100, San Antonio, TX 78216	Principal occu	ipation (Optional) Empl	oyer (Optional)	,
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind contribution description (if applicable) 7/28/2004 Bury & Partners Contributor address; City: State; Zip Code 10000 San Pedro #100, San Antonio, TX 78216		Robert P Braubach Contributor address; City; State; Zip Code	contribution (\$)	In-kind contribution descripti (if applicable)
7/28/2004 Bury & Partners Contributor address; City; State; Zip Code 10000 San Pedro #100, San Antonio, TX 78216	Principal occu	pation (Optional) Emplo	oyer (Optional)	
Principal occupation (Optional) Employer (Optional)		Bury & Partners Contributor address; City; State; Zip Code	contribution (\$)	In-kind contribution descripti (if applicable)
	Principal occu	pation (Optional) Emplo	oyer (Optional)	

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS 2005 JAN 18 PM 4: 46 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 20 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/28/2004 Peter Holt \$1,000.00 Contributor address; City: State: Zip Code 2191 Little Blanco Rd., Blanco, TX 78606 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 7/28/2004 Edward Riojas, Jr. \$100.00 Contributor address; State: Zip Code 11815 Tarragon Cove, San Antonio, TX 78213-1227 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/28/2004 Andrew C Allen \$100.00 Contributor address; City; State; Zip Code 616 Elizabeth Road, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) 7/29/2004 Donald Kuyrkendall \$500.00 Contributor address; City: State Zip Code 11104 West Avenue, San Antonio, TX 78213 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 7/29/2004 Tim Swan \$1,000.00 Contributor address; City; State; Zip Code 990 Isom Rd., San Antonio, TX 78216 Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The instruction guide explains how to coplete this form.		Total pages Schedule A		
				Page 21 of 62
FILER NAME Carroll W. Schubert			ACCOUNT # (Ethics of	ommission filers)
Date 7/29/2004	Full name of contributor out-of-state PAC (ID#: Gilbert C Hine Contributor address; City; State; Zip Code PO Box 700930, San Antonio, TX 78270		Amount of contribution (\$) \$500.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 7/29/2004	Full name of contributor out-of-state PAC (ID#: T. Randall Cain Contributor address; City; State; Zip Code 245 Luther Drive, San Antonio, TX 78212		Amount of contribution (\$) \$250.00	In-kind contribution descripti (if applicable)
Principal occupation (Optional)		Employer (0	mployer (Optional)	
Date 7/29/2004	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (0	Optional)	<u> </u>
Date 7/29/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution descripti (if applicable)
Principal occu	ipation (Optional)	Employer (0	Optional)	
Date 7/29/2004	Full name of contributor out-of-state PAC (ID#:	TX 78248	Amount of contribution (\$) \$250.00	In-kind contribution descripti (if applicable)
Principal occu	L pation (Optional)	Employer (0	Optional)	

P.O. Box 12070

Austin, Texas 78711-2070

RECEIVED OF SAN ANTONIO CITY CLERK2) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS

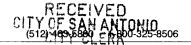
2005 188 18 PH L: 46 SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule	Page 22 of 62
Ell ED NAME				
FILER NAME	Carroll W. Schubert	:	ACCOUNT # (Ethics of	commission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution descrip
7/30/2004	Jim Williams		\$250.00	(ii applicatio)
	Contributor address; City; State; Zip Code		,	
	15190 Cadillac Drive, San Antonio, TX 78248-1000)		
Principal occu	upation (Optional)	Employer (0	Optional)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution descrip
7/30/2004	Nancy Parker Jimenez		contribution (\$) \$25.00	(if applicable)
	Contributor address; City; State; Zip Code		\$25.00	
	1522 Spanish Oaks, San Antonio, TX 78213-1634			
Principal occu	upation (Optional)	Employer (C	Optional)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution descrip
7/30/2004	Sally Forester		\$50.00	(if applicable)
	Contributor address; City; State; Zip Code		400.00	
	1807 Shoal Run, San Antonio, TX 78232			1
Principal occu	upation (Optional)	Employer (C	Optional)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution descrip
7/30/2004	Tom E Turner, Jr.		\$250.00	
	Contributor address; City; State; Zip Code			
	P.O. Box 171720, San Antonio, TX 78217-1020			
Principal occu	pation (Optional)	Employer (C	Optional)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution descrip
7/30/2004	J.R. Bluntzer		contribution (\$) \$500.00	(if applicable)
	Contributor address; City; State; Zip Code		φου.υυ	
	2204 River Way, Spring Branch, TX 78070			
Principal occu	pation (Optional)	Employer (C	optional)	
~				

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 23 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 7/30/2004	Full name of contributor out-of-state PAC (ID#: Gary Arthur Contributor address; City; State; Zip Code 14 Champion Trail, San Antonio, TX 78258-48		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (C	Optional)	
Date 7/30/2004	Full name of contributor out-of-state PAC (ID#: Joseph Fitzsimons Contributor address; City; State; Zip Code 1920 Nacogdoches Rd. Suite 203, San Antonio,		Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 7/30/2004	Full name of contributor out-of-state PAC (ID#: Joe Gross Contributor address; City; State; Zip Code 9 Links Green, San Antonio, TX 78257		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (C	Optional)	I
Date 7/30/2004	Full name of contributor out-of-state PAC (ID#: Roane Harwood Contributor address; City: State; Zip Code 103 Ridgemont Avenue, San Antonio, Tx 7820		Amount of contribution (\$) \$200.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (C	Optional)	
Date 7/30/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$50.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (C	Optional)	

P.O. Box 12070

Austin, Texas 78711-2070



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2005 JAN 18 PM 4: 1.7

The Instruction	guide explains how to coplete this form.	Total pages Schedule A	A1:
			Page 24 of 62
FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethics o	ommission filers)
	ourion W. Condoct		1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution descript (if applicable)
7/30/2004	Joe Pope	\$500.00	
	Contributor address; City; State; Zip Code		
	258 Brightwood, San Antonio, TX 78209-3315		
Principal occu	upation (Optional) Employer	(Optional)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution descrip
7/30/2004	Al Moursund	contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code	\$100.00	
	122 Encino Grande, San Antonio, TX 78232		1
Principal occu	upation (Optional) Employer	(Optional)	1
Date	Full name of contributor out-of-state PAC (ID#:	Amount of	In-kind contribution descrip
7/30/2004	Greg Oveland	contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code	\$100.00	
	9 Carefree Lane, San Antonio, Tx 78257		
Principal occu	ipation (Optional) Employer	(Optional)	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution descrip
7/30/2004	Chester Drash	contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code	\$1,000.00	
	18746 Calle Cierra, San Antonio, TX 78258		
Principal occu	pation (Optional) Employer	(Optional)	1
Date	Full name of contributor out-of-state PAC (ID#: COD128512	Amount of	In-kind contribution descrip
7/30/2004	Bank One PAC	contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code	\$500.00	
	106 S. St. Mary's Street, San Antonio, TX 78205		
Principal occu		(Optional)	

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITY GL在F65-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS

2005 JAM 18 PM 4: SCHEDULE A1

The instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 25 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 8/1/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 8/1/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer	(Optional)	
Date 8/1/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer	(Optional)	
Date 8/1/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer	(Optional)	1
Date 8/1/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer	(Optional)	·
If	ATTACH ADDITIONAL COPIES OF THIS FO			irements.

Austin, Texas 78711-2070

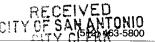
The Instruction guide explains how to coplete this form.			Total pages Schedule A		
				Page 26 of 62	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)	
Date 8/1/2004	Full name of contributor out-of-state PAC (ID#: Ed Minarich Contributor address; City; State; Zip Code 12123 Orchid Blossom, San Antonio, TX 78247)	Amount of contribution (\$) \$100.00	in-kind contribution descripti (if applicable)	
Principal occu	pation (Optional)	Employer (C	Optional)		
Date 8/1/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descripti (If applicable)	
Principal occu	pation (Optional)	Employer (C	Optional)		
Date 8/1/2004	Full name of contributor out-of-state PAC (ID#: Gary Candy Contributor address; City; State; Zip Code 419 Wiltshire Blvd., San Antonio, TX 78209		Amount of contribution (\$) \$200.00	In-kind contribution descripti (if applicable)	
Principal occu	pation (Optional)	Employer (C	Optional)	<u> </u>	
Date 8/1/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)	
Principal occu	pation (Optional)	Employer (C	Optional)		
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#: Jim Plummer Contributor address; City; State; Zip Code 300 Convent Suite, San Antonio, TX 78205		Amount of contribution (\$) \$1,000.00	In-kind contribution descripti (if applicable)	
Principal occu	pation (Optional)	Employer (C	ptional)		

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	
				Page 27 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 8/2/2004	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#: Christopher Allison Contributor address; City; State; Zip Code 111 Bristol Green, San Antonio, TX 78209-1849)	Amount of contribution (\$) \$250.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#: Lloyd Denton, Jr. Contributor address; City; State; Zip Code 11 Lynn Batts Lane, Suite 100, San Antonio, TX 7821		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#: Joyce Bradfield Contributor address; City; State; Zip Code 11306 Sir Winston, San Antonio, TX 78216-5431		Amount of contribution (\$) \$100.00	In-kind contribution descriptio (If applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	

P.O. Box 12070

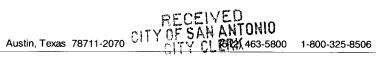
(512) 463-5800 1-800-325-8506

	THAN PLEDGES OR LOANS	Total pages Schedule	
			Page 28 of 62
FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethics	commission filers)
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#: Andrew Kerr Contributor address; City; State; Zip Code 112 E. Pecan Suite 2700, San Antonio, TX 78205	Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	_!
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#: Libba Barnes Contributor address; City; State; Zip Code 130 Gatewood Court, San Antonio, TX 78209	Amount of contribution (\$) \$100.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#:	contribution (\$) \$250.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/2/2004	Full name of contributor out-of-state PAC (ID#: John B Lahourcade Contributor address; City; State; Zip Code 500 Terrell Road, San Antonio, TX 78209-1629	Amount of contribution (\$) \$50.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	



1-800-325-8506

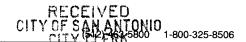
The Instruction guide explains how to copiete this form.			Total pages Schedule A1:	
				Page 29 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 8/2/2004	Full name of contributor)	Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Raymond Turner Contributor address; City; State; Zip Code 1406 Hays Street, Houston, TX 77009		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Texas Wildlife Association PAC Contributor address; City; State; Zip Code 401 Isom Road, San Antonio, TX 78216		Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Mike Barnard Contributor address; City; State; Zip Code 11146 N IH 35, San Antonio, TX 78233		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occup	oation (Optional)	Employer (O	ptional)	-11



POLITICAL CONTRIBUTIONS SCHEDULE A1

The Instruction guide explains how to coplete this form.			Total pages Schedule A1:	
			٠	Page 30 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Ken Espensen Contributor address; City; State; Zip Code 2122 Encino Loop, San Antonio, Tx 78258)	Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (6	Optional)	1
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (0	Optional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occup	pation (Optional)	Employer (0	Optional)	
	ATTACH ADDITIONAL COPIES OF TH			

Austin, Texas 78711-2070



		7.001.11, 1.070.00 7.07.11.2
POLITICAL	CONTRIBUT	TIONS
OTHER THA	N PLEDGE	S OR LOANS
The Instruction guide expla	ins how to coplete this form	n.
EU ED MANE		

2005 IAM IO DM I. I. T

The Instruction	guide explains how to coplete this form.	Total pages Schedule	Page 31 of 62
FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethics	commission filers)
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: John Barger Contributor address; City; State; Zip Code 3210 Goldsboro Street, San Antonio, TX 78230	Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Carl Raba Contributor address; City; State; Zip Code P.O. Box 690287, San Antonio, TX 78269	Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)
Principal occu	Jupation (Optional)	Employer (Optional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Joe Finley, Jr. Contributor address: City: State; Zip Code P.O. Box 9, Encinal, TX 78019	Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Michelle Brock Contributor address; City; State; Zip Code 414 W. Texas Ave., Suite 210, Midland, TX 79701	Amount of contribution (\$) \$100.00	In-kind contribution descrip (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	

-or-state PAC, please see instruction guide for additional reporting requirements.

The Instruction (guide explains how to coplete this form.		Total pages Schedule A	
				Page 32 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	ommission filers)
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: James C Hu Contributor address; City; State; Zip Code 547 Country Lane, San Antonio, TX 78209		Amount of contribution (\$) \$100.00	In-kind contribution descrip (if applicable)
Principal occup	pation (Optional)	Employer (O	ptional)	
Date 8/3/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 8/3/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#: Eric Fisher Contributor address; City; State; Zip Code 128 Albany, San Antonio, TX 79209		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occup	pation (Optional)	Employer (O	ptional)	

The Instruction	guide explains how to coplete this form.	Total pages Schedule	A1:
			Page 33 of 62
FILER NAME	Carroll W. Schubert	ACCOUNT# (Ethics	commission filers)
Date 8/3/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 8/3/2004	Full name of contributor	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 8/4/2004	Full name of contributor	Amount of contribution (\$) \$400.00	In-kind contribution descriptio (if applicable)
Principal occi	upation (Optional)	Employer (Optional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	

P.O. Box 12070

Austin, Texas 78711-2070

CITY OF SAN AND ON HOO (512) 463-580 CT AND ON HOO

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2005 JAN 18 PM 1.1.7

8/4/2004	The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 34 of 62
8/4/2004	FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date Full name of contributor		John Crone III Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descripti (if applicable)
8/4/2004	Principal occi	upation (Optional)	Employer (Optional)	
Date Full name of contributor out-of-state PAC (ID#:		James Greenwood Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descripti (if applicable)
8/4/2004 Douglas Beach Contributor address; City: State; Zip Code 217 Alamo Plaza, Suite 300, San Antonio, Tx 78205-2664 Principal occupation (Optional) Date 8/4/2004 Santos Fraga, Jr. Contributor address; City: State; Zip Code 1727 Palmer View, San Antonio, Tx 78258 Principal occupation (Optional) Employer (Optional) In-kind contribution descrip (if applicable) S100.00 Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution descrip (if applicable) 8/4/2004 Ed Barron Contributor address; City: State: Zip Code 5150 N. Loop 1604 W., San Antonio, Tx 78249	Principal occi	upation (Optional)	Employer (Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Douglas Beach Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution description (if applicable)
8/4/2004 Santos Fraga, Jr. Contributor address; City: State; Zip Code 1727 Palmer View, San Antonio, TX 78258 Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution (\$) Ed Barron Contributor address; City: State; Zip Code 5150 N. Loop 1604 W., San Antonio, TX 78249	Principal occi	upation (Optional)	Employer (Optional)	1
Date Full name of contributor B/4/2004 Full name of contributor Ed Barron Contributor address; City; State; Zip Code 5150 N. Loop 1604 W., San Antonio, TX 78249		Santos Fraga, Jr. Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution description (if applicable)
8/4/2004 Ed Barron Contributor address; City; State; Zip Code 5150 N. Loop 1604 W., San Antonio, TX 78249	Principal occi	upation (Optional)	Employer (Optional)	
Principal occupation (Optional) Employer (Optional)		Ed Barron Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descripti (if applicable)
	Principal occu	upation (Optional)	Employer (Optional)	·

The Instruction	guide explains how to coplete this form.	То	tal pages Schedule /	Page 35 of 62
FILER NAME	Carroll W. Schubert	A	CCOUNT # (Ethics c	ommission filers)
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: John Friesenhahn Contributor address; City; State; Zip Code 19531 Gran Noble, San Antonio, TX 78258		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occ	upation (Optional)	Employer (Option	al)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occi	upation (Optional)	Employer (Option:	al)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descript (If applicable)
Principal occi	upation (Optional)	Employer (Option	al)	<u> </u>
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: Marco A Barros Contributor address; City; State; Zip Code 14018 SageBluff, San Antonio, Tx 78216		Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occi	upation (Optional)	Employer (Optional	al)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descrip (If applicable)
Principal occu	upation (Optional)	Employer (Options	al)	I

Austin, Texas 78711-2070

1-800-325-8506

The Instruction	guide explains how to coplete this form.		Total pages Schedule /	A1:
				Page 36 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics o	ommission filers)
Date 8/4/2004	Full name of contributor)	Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (C	Optional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (C	optional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (iD#: Tina Mason Contributor address; City; State; Zip Code 9175 Cagnon road, San Antonio, TX 78252		Amount of contribution (\$) \$200.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (C	eptional)	1
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$2,500.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	

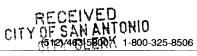
RECEIVED

CITY OF SAN ANTONIO

Austin, Texas 78711-2070 CITY CLER(\$12) 463-5800 1-800-325-8506 P.O. Box 12070 Texas Ethics Commission

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	1:
				Page 37 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
	Curron W. Condoct			T
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution descript (if applicable)
8/4/2004	Michael D Moore		\$250.00	
	Contributor address; City; State; Zip Code			
	9723 Mid Walk, San Antonio, Tx 78230			
Principal occi	upation (Optional)	Employer (C	Optional)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution descript
8/4/2004	Steve D Seidel		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$500.00	100
	112 East Pecan Street Suite 1800			
Principal occi	upation (Optional)	Employer (C	Optional)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution descrip
8/4/2004	Louis Rowe		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	
	12042 Blanco Road, San Antonio, TX 78216-2	2440		i
Principal occ	upation (Optional)	Employer (C	Optional)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution descrip
8/4/2004	Edward W Purvis		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$100.00	1
	8209 Roughrider #100, San Antonio, TX 7823	9		İ
Principal occ	upation (Optional)	Employer (0	Optional)	i
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution descrip
8/4/2004	Park E Pearson		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$100.00	
	112 E Pecan St Ste 2400, San Antonio, TX 7	8205-1585		į
Principal coo	upation (Optional)		Dational\	
i micipai occi	opanon (opnosar)	Employer (0	optional)	

P.O. Box 12070



The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	
				Page 38 of 62
Carroll W. Schubert			ACCOUNT # (Ethics c	ommission filers)
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: Joe C McKinney Contributor address; City; State; Zip Code 1177 N.E. Loop 410, 4th Floor, San Antonio, TX 78		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (O	ptional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: Mike Lancaster Contributor address; City; State; Zip Code 8603 Crownhill, # 1, San Antonio, TX 78209		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (O	ptional)	
Date 8/4/2004	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (O	ptional)	1
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: Peter Broderick Contributor address; City; State; Zip Code 119 E Elmview Place, San Antonio, TX 78209-3809		Amount of contribution (\$) \$250.00	In-kind contribution descript (if applicable)
Principal occu	upation (Optional)	Employer (O	ptional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: Dan Allen Hughes, Jr. Contributor address; City; State; Zip Code P.O. Box 14, Beeville, TX 78104-0014		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)
Principal occupation (Optional)		Employer (O	ptional)	

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITY 12 12 12 13 1-800-325-8506

The Instruction guide explains how to coplete this form.			Total pages Schedule A1:	
				Page 39 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: Caroline Quinn Contributor address; City; State; Zip Code 315 Simon Road, Pleasanton, TX 78064		Amount of contribution (\$)	In-kind contribution descriptio (if applicable)
Principal occi	upation (Optional)	Employer (0	Optional)	4,
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution descriptio (if applicable)
Principal occi	upation (Optional)	Employer (0	Optional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#: Gregory T Prescott Contributor address; City; State; Zip Code 1942 Far Niente, San Antonio, TX 78258		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occi	Lipation (Optional)	Employer (C	Optional)	
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descriptio (if applicable)
Principal occu	upation (Optional)	Employer (0	Optional)	1
Date 8/4/2004	Full name of contributor out-of-state PAC (ID#:	TX 78205	Amount of contribution (\$) \$4,851.93	In-kind contribution descriptio (if applicable) Club Giraud Fundraiser - Food & Beverage
Principal occu	ipation (Optional)	Employer (0	Optional)	1



POLITICAL CONTRIBUTIONS 2005 JAN 18 PM 4: 47 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to copiete this form. Total pages Schedule A1: Page 40 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 8/4/2004 Bill Greehey \$5,000.00 Contributor address; State; Zip Code P.O. Box 696000, San Antonio, TX 78269 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) In-kind contribution description (if applicable) 8/4/2004 Jimmie Thurmond \$100.00 Contributor address; City: State: Zip Code 105 Montclair, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Date out-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) In-kind contribution description (if applicable) 8/4/2004 Kyle Watson \$100.00 Contributor address; City: State: Zip Code 1918 Far Niente, San Antonio, TX 78258 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 8/5/2004 Marion Kimbro \$500.00 Contributor address; City: State: Zip Code 122 Chester St Apt 1, San Antonio, TX 78209-5679 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution description contribution (\$) (if applicable) 8/5/2004 LAN-PAC \$500.00 Contributor address; City; State: Zip Code 2925 Briarpark Drive, Houston, TX 77042 Principal occupation (Optional) Employer (Optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

RECEIVED
Austin, Texas 78711-2070 CITY OF SAN ANTONIO
1-800-325-8506

POLITICAL CONTRIBUTIONS

DM 1:1.7 SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 41 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics c	ommission filers)
Date 8/5/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	ppation (Optional)	Employer (Optional)	
Date 8/5/2004	Full name of contributor out-of-state PAC (ID#: Stephen R Souter Contributor address; City; State; Zip Code 700 N St Marys Ste 1600, San Antonio, TX 78205		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/6/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	ipation (Optional)	Employer (Optional)	1
Date 8/6/2004	Full name of contributor		Amount of contribution (\$) \$150.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/10/2004	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$500.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	

P.O. Box 12070

Austin, Texas 78711-2070

Y Cls E2P463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS 7005 JAN 18 PM 4: 4SCHEDULE A1 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 42 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert out-of-state PAC (ID#: Date Full name of contributor Amount of In-kind contribution description contribution (\$) (if applicable) 8/10/2004 Malcolm Hartman \$2,500.00 Contributor address: City: State: Zip Code 1250 NE Loop 410 # 210-A, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 8/10/2004 Gary Blackie \$3,000.00 Contributor address; City: State: Zip Code 600 Travis #6275, Houston, TX 77002 Principal occupation (Optional) Employer (Optional) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 8/10/2004 Susan Poorman-Blackie \$2,000.00 Contributor address; City: State: Zip Code 2312 Rice Blvd., Houston, TX 77005 Principal occupation (Optional) Employer (Optional) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) Katie Harvey 8/10/2004 \$500.00 Contributor address; 1919 Oakwell Farms Parkway, Suite 100, San Antonio, TX 7 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution description contribution (\$) (if applicable) 8/11/2004 Richard Ojeda \$200.00 Contributor address; City: State: Zip Code 1719 Fawn Gate, San Antonio, Tx 78248 Principal occupation (Optional) Employer (Optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO (512) 764-50ERK800-325-8506

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		2005 JAN 18	SCHEDILLE A1
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1: Page 43 of 62	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 8/11/2004	Full name of contributor out-of-state PAC (ID#: George C Hixon Contributor address; City; State; Zip Code 315 E. Commerce #300, San Antonio, TX 78205		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/11/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 8/11/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	1
Date 8/12/2004	Full name of contributor out-of-state PAC (ID#: Ronald C Dausin Contributor address; City: State; Zip Code 8007 NE Loop 410, San Antonio, TX 78219		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (0	Optional)	
Date 8/13/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (0	Optional)	
If c	ATTACH ADDITIONAL COPIES OF T			rements.

RECEIVED
CITY OF SAN ANTONIO
Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 CITY CL 5R16 463-5800 1-800-325-8506

The Instruction guide explains how to copiete this form. Total pages Schedule A1:		Page 44 of 62		
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics o	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution descrip
8/13/2004	Walter Embrey, Jr.		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	
	1100 NE Loop 410, #900, San Antonio, TX 7820	09		
Principal occu	ppation (Optional)	Employer (C	Optional)	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution descript
8/14/2004	G. Jim Hasslocher		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$5,000.00	
	8520 Crownhill Blvd, San Antonio, TX 78209			
Principal occu	ipation (Optional)	Employer (C	optional)	1
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution descrip
8/15/2004	J. Marvin Smith		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$100.00	
	4330 Medical Dr Ste 300, San Antonio, TX 7822	29		
Principal occu	pation (Optional)	Employer (O	ptional)	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution descrip
3/15/2004	Dick Nelson		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	410 Cove Bluff, San Antonio, TX 78216			
Principal occu	pation (Optional)	Employer (O	ptional)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution descrip
3/20/2004	John D Alexander, Jr.		contribution (\$)	(if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	700 N. St. Mary's, Suite 1200, San Antonio, TX 7	78205		
Principal occu	pation (Optional)	Employer (O	ptional)	1



\$500.00

Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 **POLITICAL CONTRIBUTIONS** 2005 JAN 18 PM 4: 47 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 45 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution description contribution (\$) (if applicable) 8/20/2004 Bill Lyons, Jr. \$200.00 Contributor address; Zip Code 720 Castano Ave., San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) out-of-state PAC (ID#: Date Full name of contributor Amount of In-kind contribution description 8/23/2004 Ron Ederer \$100.00 Contributor address; City: State: Zip Code 1020 N E Loop 410, Suite 505, San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 8/24/2004 Felicitas P Zars \$50.00 Contributor address: City; State; Zip Code 11815 Coker Loop West, San Antonio, TX 78216 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 8/24/2004 Clayton Killinger

Principal occupation (Optional) Employer (Optional) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 8/25/2004 Wayne Laufer \$500.00 Contributor address; State: Zip Code 3511 236th St. SE, Bothell, WA 98021 Principal occupation (Optional) Employer (Optional)

Zip Code

Contributor address;

City;

2430 Fairfield Bend, San Antonio, TX 78231

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITY 2016 1-800-325-8506

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	s ²⁰	05 JAN 18 PN	SCHEDULE A1
The Instruction	guide explains how to coplete this form.		Total pages Schedule A	
				Page 46 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 8/27/2004	Full name of contributor out-of-state PAC (ID#: McLean Bowman Contributor address; City; State; Zip Code P.O. Box 12199, San Antonio, TX 78212		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (0	Optional)	
Date 8/27/2004	Full name of contributor out-of-state PAC (ID#: Vincent X Smith, Jr. Contributor address; City; State; Zip Code 315 Hunters Trace, New Braunfels, TX 78132		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 9/1/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	1
Date 9/3/2004	Full name of contributor out-of-state PAC (ID#: Jack Shull Contributor address; City; State; Zip Code 10010 San Pedro, Suite #610, San Antonio, TX		Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 9/7/2004	Full name of contributor out-of-state PAC (ID#: Leslie Brown Contributor address; City; State; Zip Code 2454 Toftrees, San Antonio, TX 78209		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
lf e	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instruct			

Austin, Texas 78711-2070

RECEIVED
CITY OF SAN ANTONIO
CITY CLERN 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS

SCHEDULE A1

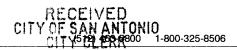
9/9/2004	The Instruction	guide explains how to coplete this form.		Total pages Schedule /	Page 47 of 62
9/9/2004 John M McNair	FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	commission filers)
Date Full name of contributor		John M McNair Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
9/10/2004	Principal occu	pation (Optional)	Employer (Optional)	
Date Full name of contributor out-of-state PAC (ID#:		John Agather Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
9/16/2004 Robert L Jones Contributor address; City; State: Zip Code 516 Lexington Ave., San Antonio, TX 78215 Principal occupation (Optional) Date 9/17/2004 Jack E Brown Contributor address: City: State: Zip Code P.O. Box 1714, Midland, TX 79702 Principal occupation (Optional) Employer (Optional) In-kind contribution description of the contribution of the contribution (fit applicable) S500.00 Employer (Optional) Employer (Optional) In-kind contribution description of the contribution of the c	Principal occu	pation (Optional)	Employer (6	Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Robert L Jones Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
9/17/2004 Jack E Brown Contributor address: City: State; Zip Code P.O. Box 1714, Midland, TX 79702 Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution description (if applicable) Amount of contribution (s) James L Donnell Contributor address: City: State; Zip Code P.O. Box 539, Fowlerton, TX 78021	Principal occu	pation (Optional)	Employer (0	Optional)	'
Date Full name of contributor 9/20/2004 James L Donnell Contributor address; City; State; Zip Code P.O. Box 539, Fowlerton, TX 78021		Jack E Brown Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
9/20/2004 James L Donnell Contributor address; City; State; Zip Code P.O. Box 539, Fowlerton, TX 78021	Principal occu	pation (Optional)	Employer (0	Optional)	
Principal occupation (Optional) Employer (Optional)		James L Donnell Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descripti
	Principal occup	pation (Optional)	Employer (C	Optional)	

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS

2605 MM 18 PM 4: SCHEDULE A1

The methodish	guide explains how to coplete this form.	l l		
			Total pages Schedule A	Page 48 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics o	ommission filers)
Date 9/22/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (O	Optional)	
Date 10/1/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup	oation (Optional)	Employer (O	ptional)	
Date 10/10/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (O	ptional)	
Date 10/12/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occup	oation (Optional)	Employer (O	ptional)	
Date 10/18/2004	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (O	ptional)	



The Instruction	Instruction guide explains how to coplete this form. Total p		Total pages Schedule A	Page 49 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	
Date 10/21/2004 Principal occu	Full name of contributor out-of-state PAC (ID#: D.D. Behrens Contributor address; City; State; Zip Code 142 E. Elsmere Place, San Antonio, TX 78212 pation (Optional)	Employer (C	Amount of contribution (\$) \$250.00	In-kind contribution descriptio (if applicable)
			,	
Date 10/25/2004	Full name of contributor out-of-state PAC (ID#: Edward B Kelley Contributor address; City; State; Zip Code 9830 Colonnade Blvd Ste 600, San Antonio, TX 78		Amount of contribution (\$) \$1,000.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 11/4/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (0	Optional)	
Date 11/14/2004	Full name of contributor		Amount of contribution (\$) \$30.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Bob Autenrieth Contributor address; City; State; Zip Code 5922 Royal Ridge, San Antonio, TX 78239		Amount of contribution (\$)	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	

P.O. Box 12070



The Instruction of	guide explains how to coplete this form.		Total pages Schedule A	1:
				Page 50 of 62
FILER NAME Carroll W. Schubert			ACCOUNT # (Ethics co	ommission filers)
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Weston Martinez Contributor address; City; State; Zip Code 1123 Tranquil Trail, San Antonio, TX 78232		Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution descripti (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$15.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	I
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: James McAden Contributor address; City; State; Zip Code 1127 River Park, San Antonio, TX 78216	J	Amount of contribution (\$) \$15.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 11/15/2004	Full name of contributor		Amount of contribution (\$) \$15.00	In-kind contribution descripti (if applicable)
Principal occu	ipation (Optional)	Employer (C	Optional)	

P.O. Box 12070

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2805 TAN 18 PACHERULE A1

OTHER	R THAN PLEDGES OR LOANS		Zinia Call 19	11 M: M 1()
The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 51 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Ed Cabel Contributor address; City; State; Zip Code 9511 Reece, San Antonio, TX 78216		Amount of contribution (\$)	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 11/15/2004	Full name of contributor		Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Pat Lofland Contributor address; City; State; Zip Code 20207 Standish Road, San Antonio, TX 78258		Amount of contribution (\$) \$25.00	In-kind contribution description (If applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: June Griffin Contributor address; City; State; Zip Code 574 Lanark, San Antonio, TX 78218		Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	,
16.	ATTACH ADDITIONAL COPIES OF THE			

P.O. Box 12070

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITY (BY 193458800 1-800-325-8506

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	200	5 JAN 18 PM L	SCHEDULE A1		
The Instruction	The Instruction guide explains how to coplete this form.		Instruction guide explains how to coplete this form.		Total pages Schedule A1:	
FILER NAME	FILER NAME Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)		
Date 11/15/2004 Principal occu	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) In-kind contribution description (if applicable) \$15.00			
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Lee Shaw Contributor address; City; State; Zip Code 12218 Budding Blvd., San Antonio, TX 78247		Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)		
Principal occu	Principal occupation (Optional) Employ		yer (Optional)			
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: I. C Ricketts Contributor address; City; State; Zip Code 567 Cicero, San Antonio, TX 78218		Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)		
Principal occu	upation (Optional)	Employer	r (Optional)	1		
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: David Bongio Contributor address; City; State; Zip Code 5111 Capistrano, San Antonio, TX 78233		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	i upation (Optional)	Employe	r (Optional)			
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Billy R Allred Contributor address; City; State; Zip Code 5800 Grandwood, San Antonio, TX 78239-023	7	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)		
Principal occu	upation (Optional)	Employe	r (Optional)			
14	ATTACH ADDITIONAL COPIES OF					

P.O. Box 12070

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITGA 27 HE3 15800 1-800-325-8506

The Instruction	guide explains how to coplete this form.	Total pages Schedule	A1:
			Page 53 of 62
FILÈR NAME	Carroll W. Schubert	ACCOUNT # (Ethics	commission filers)
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Arja Smailes Contributor address: City; State; Zip Code 6003 Archwood, San Antonio, TX 78239	Amount of contribution (\$) \$30.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: G H Wieters Contributor address; City; State; Zip Code 9510 Hillsboro, San Antonio, TX 78217	Amount of contribution (\$) \$25.00	In-kind contribution descriptio (if applicable)
Principal occupation (Optional) Employ		Employer (Optional)	
Date 11/15/2004	Full name of contributor	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00	In-kind contribution descriptio (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
Austin, Texas 78711-2070TY CLERK

Texas Ethics Commission

P.O. Box 12070

(512) 463-5800 1-800-325-8506

The Instruction of	THAN PLEDGES OR LOANS guide explains how to coplete this form.		Total pages Schedule A	
				Page 54 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics c	ommission filers)
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution descripti (if applicable)
Principal occup	pation (Optional)	Employer (C	ptional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$150.00	In-kind contribution descripti (if applicable)
Principal occup	pation (Optional)	Employer (C	optional)	
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#: Wade B Shelton Contributor address; City; State; Zip Code 13319 Thornridge, San Antonio, TX 78232)	Amount of contribution (\$) \$15.00	In-kind contribution descripti (if applicable)
Principal occup	nation (Optional)	Employer (C	optional)	1
Date 11/15/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$50.00	In-kind contribution descripti (if applicable)
Principal occup	oation (Optional)	Employer (C	optional)	
Date 11/15/2004	Full name of contributor)	Amount of contribution (\$) \$30.00	In-kind contribution descripti (if applicable)
Principal occup	pation (Optional)	Employer (C	ptional)	

P.O. Box 12070

RECEIVED

CITY OF SAN ANTONIO

CITY CLERE 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS

SCHEDULE A1

1/15/2004 Kim Shelton Contributor address; City; State: Zip Code 13319 Thornridge, San Antonio, TX 78232 Principal occupation (Optional) Date Full name of contributor Contributor address; City; State: Zip Code 502 Elkhorn, San Antonio, TX 78218 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Full name of contributor Contributor address; City; State: Zip Code 502 Elkhorn, San Antonio, TX 78218 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contributio (if applic) (if applic) Full name of contributor Contributor address; City; State: Zip Code 1/1914 Redriver Song, San Antonio, TX 78259 Principal occupation (Optional) Employer (Optional) In-kind contributio (if applic) Frank J Sitterle Contributor address; City: State: Zip Code 2015 Evans Rd Ste 100, San Antonio, TX 78258-7428 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contributio (if applic) State: Zip Code State PAC (ID#: Amount of contribution (if applic) State: Zip Code State PAC (ID#: State PAC (ID#	The Instruction	guide explains how to copiete this form.		Total pages Schedule A	Page 55 of 62
1/15/2004 Kim Shelton S15.00 S1	FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date Full name of contributor out-of-state PAC (ID#:	Date 11/15/2004	Kim Shelton Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
1/15/2004 Marvin R Toombs San Antonio, TX 78218 San Antonio, TX 78218	Principal occu	pation (Optional)	Employer (C	Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Marvin R Toombs Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
Thomas Rau Contribution (S) S30.00 Thomas Rau Contributor address; City: State; Zip Code 17914 Redriver Song, San Antonio, TX 78259 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution (fi applied S1,000.00 Contributor address; City: State; Zip Code 2015 Evans Rd Ste 100, San Antonio, TX 78258-7428 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution (fi applied S1,000.00 Employer (Optional) In-kind contribution (fi applied S1,000.00 Contribution (S) In-kind contribution (In-kind contribution (Principal occu	pation (Optional)	Employer (C	Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Thomas Rau Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
In-kind contribution (s) In-kind contributio	Principal occu	pation (Optional)	Employer (C	Optional)	1
Date Full name of contributor Out-of-state PAC (ID#: Date State PAC (ID#: Stat		Frank J Sitterle Contributor address; City; State; Zlp Code		contribution (\$)	In-kind contribution descript (if applicable)
Lloyd Denton, Jr. Contributor address; City: State; Zip Code	Principal occu	pation (Optional)	Employer (O	optional)	
11 Lynn Batts Lane, Suite 100, San Antonio, TX 78218		Lloyd Denton, Jr.		contribution (\$)	In-kind contribution descript (If applicable)
Principal occupation (Optional) Employer (Optional)	Principal occu	pation (Optional)	Employer (O	ptional)	

P.O. Box 12070



The Instruction	guide explains how to coplete this form.		Total pages Schedule A	
				Page 56 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 1/17/2004	Full name of contributor out-of-state PAC (ID#: Steven Hanan Contributor address; City; State; Zip Code 206 Happy Trail, San Antonio, TX 78231-1422		Amount of contribution (\$) \$1,000.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	•
Date 1/18/2004	Full name of contributor out-of-state PAC (ID#: Robert W Barnes Contributor address; City; State; Zip Code 701 Wiltshire, San Antonio, TX 78209		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (If applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 1/19/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 1/19/2004	Full name of contributor out-of-state PAC (ID#: Gary M Walker Contributor address; City; State; Zip Code 15415 Spring Summit, San Antonio, TX 78247		Amount of contribution (\$)	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	
Date 1/23/2004	Full name of contributor out-of-state PAC (ID#: Cecilia Garcia Contributor address; City; State; Zip Code 15 Granburg Place, San Antonio, TX 78218)	Amount of contribution (\$) \$1,000.00	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (O	ptional)	

P.O. Box 12070

Austin, Texas 78711-2070

Y(5(2) 463 5800 1-800-325-8506

2005 JAN 18 PM 4.SCHEDULE A1 **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS Total pages Schedule A1: The Instruction guide explains how to coplete this form. Page 57 of 62 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 11/23/2004 Thomas H Chandler \$1,000.00 Contributor address; Zip Code 109 Village Circle, San Antonio, TX 78232 Principal occupation (Optional) Employer (Optional) out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor In-kind contribution description (if applicable) 11/24/2004 Victor Jouffray \$1,000.00 Contributor address: City; State: Zip Code 1502 Bellshire, San Antonio, TX 78216 Principal occupation (Optional) Employer (Optional) Date out-of-state PAC (ID#: Full name of contributor Amount of In-kind contribution description contribution (\$) (if applicable) 11/24/2004 Robert A Liesman \$1,000.00 Contributor address: City: State: Zip Code 2310 Encino Hollow, San Antonio, TX 78259 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description contribution (\$) (if applicable) 12/1/2004 Richard N Beach \$500.00 Contributor address; City; State: Zip Code 1341 Windingway, New Braunfels, TX 78132 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#: In-kind contribution description Amount of contribution (\$) 12/1/2004 John C Stuart \$500.00 Contributor address: State; Zip Code 120 Cattle Drive, Spring Branch, TX 78070-6744 Principal occupation (Optional) Employer (Optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

ong INN 18 PM 4: 48 SCHEDULE A1

12/1/2004 Gayle Embrey Contributor address: City: State: Zip Code 1100 NE Loop 410, #900. San Antonio, TX 78209 Employer (Optional)	The Instruction	guide explains how to coplete this form.	:	Total pages Schedule A	Page 58 of 62
12/1/2004 Cayle Embrey Contribution (g) S1,000.00 S1,000.00 S1,000.00 S1,000.00	FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date Full name of contributor out-of-state PAC (ID#:		Gayle Embrey Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
12/1/2004 Donald W Reneau Contributor address: City: State: Zip Code 4702-2 West Ave., San Antonio, TX 78213 Employer (Optional)	Principal occu	upation (Optional)	Employer (Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Donald W Reneau Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
12/1/2004 Jamie Wilson Contributor address: City; State; Zip Code 39 Westerleigh, San Antonio, TX 78218-1799 Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution (s) Elisa R. Denham Contributor address; City; State; Zip Code 22430 Sierra Blanca, San Antonio, TX 78259 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (optional) Employer (Optional) In-kind contribution description (optional) Employer (Optional) Employer (Optional)	Principal occu	upation (Optional)	Employer (0	Optional)	
Date Full name of contributor out-of-state PAC (ID#:		Jamie Wilson Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descript (if applicable)
12/2/2004 Elisa R. Denham S500.00 S500	Principal occu	upation (Optional)	Employer (6	Optional)	1
Date Full name of contributor out-of-state PAC (ID#:		Elisa R. Denham Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution descripti (if applicable)
Damon Lyles Contributor address; City; State; Zip Code 1354 Loop 1604 East, Suite 108, San Antonio, TX 78232	Principal occu	upation (Optional)	Employer (0	Optional)	
Principal occupation (Optional) Employer (Optional)		Damon Lyles Contributor address; City; State; Zip Code	FX 78232	contribution (\$)	In-kind contribution descript (If applicable)
	Principal occu	pation (Optional)	Employer (C	Optional)	

P.O. Box 12070



The Instruction	guide explains how to coplete this form.		Total pages Schedule A	11.
			rotal pages constant,	Page 59 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics c	ommission filers)
Date 12/2/2004	Full name of contributor out-of-state PAC (ID#: Patricia Ramones Contributor address; City; State; Zip Code 24906 Shinnecock Trail, San Antonio, TX 78258		Amount of contribution (\$) \$500.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 12/3/2004	Full name of contributor		Amount of contribution (\$)	In-kind contribution descript (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	7 1 10 10 10
Date 12/3/2004	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$0.38	In-kind contribution descript (If applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	1
Date 12/6/2004	Full name of contributor out-of-state PAC (ID#: Charles H Midkiff Contributor address; City; State; Zip Code 21321 Babcock #7, San Antonio, TX 78255		Amount of contribution (\$) \$1,000.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (C	Optional)	
Date 12/6/2004	Full name of contributor out-of-state PAC (ID#: V.K. Knowlton Construction & Utilities, Ltd. Contributor address; City; State; Zip Code 18225 FM 2252, San Antonio, TX 78266-2718		Amount of contribution (\$) \$500.00	In-kind contribution descrip (if applicable)
Principal occu	pation (Optional)	Employer (C	optional)	

Austin, Texas 78711-2070

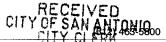
RECEIVED CITY OF SAN ANTONIO CITY TRESPONDED 1-800-325-8506

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	1:
				Page 60 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 12/6/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 12/8/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 12/8/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer ((Optional)	·
Date 12/9/2004	Full name of contributor out-of-state PAC (ID#: Travis Bauer Contributor address; City; State; Zip Code 2 Champions Mark, San Antonio, TX 78258		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date 12/10/2004	Full name of contributor out-of-state PAC (ID#: Arthur C Burdick, Jr. Contributor address; City; State; Zip Code 19210 Huebner Road, Suite 100, San Antonio,	TX 78258	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer ((Optional)	

P.O. Box 12070

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	M1:
				Page 61 of 62
Carroll W. Schubert			ACCOUNT # (Ethics c	ommission filers)
Date 12/13/2004	Full name of contributor out-of-state PAC (ID#: James O'Brien Contributor address; City; State; Zip Code 24911 Estancia Circle, San Antonio, TX 78258		Amount of contribution (\$) \$1,000.00	In-kind contribution descripted (if applicable)
Principal occu	pation (Optional)	Employer (C	optional)	
Date 12/14/2004	Full name of contributor out-of-state PAC (ID#: Edward M Guerra Contributor address; City; State; Zip Code 3918 Heights View Dr., San Antonio, TX 78230		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (C	Pptional)	
Date 12/15/2004	Full name of contributor out-of-state PAC (ID#: Robert W Hunt Contributor address; City; State; Zip Code 412 Grandview Place, San Antonio, TX 78209		Amount of contribution (\$) \$1,000.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	1
Date 12/19/2004	Full name of contributor out-of-state PAC (ID#: Richard N Azar Contributor address; City; State; Zip Code 2424 Altura Ave., El Paso, TX 79930		Amount of contribution (\$)	In-kind contribution descripti (If applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	
Date 12/21/2004	Full name of contributor out-of-state PAC (ID#: Catherine Taylor Contributor address; City; State; Zip Code P.O. Drawer H, Crystal City, TX 78839		Amount of contribution (\$) \$1,000.00	In-kind contribution descripti (if applicable)
Principal occu	pation (Optional)	Employer (C	ptional)	

Austin, Texas 78711-2070



1-800-325-8506

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	2005 .7/	N 18 PM 4:4	SCHEDULE A1
The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 62 of 62
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	ommission filers)
Date 12/21/2004	Full name of contributor out-of-state PAC (ID#: Joe Taylor Contributor address; City; State; Zip Code P.O. Drawer H, Crystal City, TX 78839)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	ipation (Optional)	Employe	r (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

Austin, Texas 78711-2070

CERM (512) 463-5800 1-800-325-8506

POLITI	CAL EXPENDITURES	2005 JAN 18 PM 4	SOMEDULE F
The Instruction	guide explains how to coplete this form.	Total pages Schedule A1:	And the second
			Page 1 of 14
FILER NAME Carroll W. Schubert		ACCOUNT # (Ethics comm	nission filers)
Date	Payee Name		Amount
7/12/2004	Cingular Wireless		(\$)
	Contributor address; City; State; Zip Code	,	\$36.64
	P.O. Box 650574, Dallas, TX 75265		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sou	ght Office held
	Monthly Service		
Date	Payee Name		
7/15/2004		Amount (\$)	
	Contributor address; City; State; Zip Code	•	\$1,130.00
	1723 Typhoon, San Antonio, TX 78248	3	
Purpose of payment (Si required.)	ee instructions regarding type of information Contract Labor	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sou	ght Office held
Date	Payee Name		
7/23/2004	FasClampitt Paper		Amount (\$)
	Contributor address; City; State; Zip Code	3	\$36.07
	403 E. Ramsey Rd. #306, San Antonio,	TX 78216	
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sou	ght Office held
	Vellum for Invitations		
Date	Payee Name		
7/24/2004	United States Postal Service		Amount (\$)
	Contributor address; City; State; Zip Code	9	\$185.00
	Airport Mail Facility, San Antonio, TX 7	78246	
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sou	ight Office held
	Postage		
	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS NEEDED	

P.O. Box 12070

Austin, Texas 78711-2070

2005 JAN 18 PSCHEQUILE F **POLITICAL EXPENDITURES** The instruction guide explains how to copiete this form. Total pages Schedule A1: Page 2 of 14 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Payee Name 7/24/2004 Zones, Inc. (\$) \$986.52 City; State; Zip Code Contributor address: 1102 15 Street SW, Suite 102, Auburn, WA 98001-6509 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Office held Computer/Monitor Date Payee Name Amount (\$) 7/27/2004 Allison Greer \$1,130.00 Contributor address; City: State: Zip Code 1723 Typhoon, San Antonio, TX 78248 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s required.) Office held Contract Labor Date Payee Name Amount 7/27/2004 American Postal Center \$21.14 Contributor address; City; State; Zip Code 13423 Blanco Rd., San Antonio, TX 78216 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held FedEx and Copies Payee Name Amount 8/4/2004 Office Depot \$68.74 Contributor address; City; State; Zip Code Store #458, San Antonio, TX 78216 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office Purpose of payment (See instructions regarding type of information Office held Office Supplies ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO (512) 463-580K 1-800-325-8506

POLIT	CAL EXPENDITURES		2005 144 18	вкитериве Г
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	
				Page 3 of 14
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics com	nmission filers)
Date	Payee Name			Amount
8/13/2004	Election Support Services			(\$)
	Contributor address; City; State; Zip Code			\$3,462.09
	5309 McCullough, San Antonio, TX 78212	2		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office so	ught Office held
	Printing/Database Svcs. For Fundraiser			
Date	Payee Name			
8/13/2004	Cingular Wireless			Amount (\$)
	Contributor address; City; State; Zip Code			\$200.84
	P.O. Box 650574, Dallas, TX 75265			
Purpose of payment (S	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office so	ught Office held
	Monthly Service			
Date	Payee Name			A
8/13/2004	Allison Greer			Amount (\$)
	Contributor address; City; State; Zip Code			\$1,130.00
	1723 Typhoon, San Antonio, TX 78248			
Purpose of payment (S required.)	see instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office so	ught Office held
	Contract Labor			
Date	Payee Name			
8/13/2004	Circuit City			Amount (\$)
	Contributor address; City; State; Zip Code			\$1,001.49
	333 N.W. Loop 410, San Antonio, TX 782	16		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder i	expenditure to benefit C/OH ** name Office so	ught Office held
	Video Camera and Equipment			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	S NEEDED	



(512) 463-5800

Texas Ethics Commission Austin, Texas 78711-2070 1-800-325-8506 2005 JAN 18 PM 4: LSCHEDULE F POLITICAL EXPENDITURES The instruction guide explains how to coplete this form. Total pages Schedule A1: Page 4 of 14 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Pavee Name Amount 8/18/2004 Taft Athletic Booster Club (\$) \$95.00 Contributor address; City; State; Zip Code c/o Taft High School, San Antonio, TX 78253 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Office sought Office held Ad for Program Payee Name Amount 8/19/2004 Madison Athletic Booster Club \$150.00 Contributor address; City; State; Zip Code c/o Madison High School, San Antonio, TX 78247 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s required.) Office held 1/4 Page Ad for Program Date Payee Name Amount 8/19/2004 MacArthur High School Booster Club \$150.00 Contributor address; City; State; Zip Code c/o MacArthur High School, San Antonio, TX 78217 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Office held 1/4 Page Ad for Program Date Payee Name Amount (\$) 8/19/2004 Reagan Diamondback Sports Assocation \$145.00 Contributor address; City; State; Zip Code c/o Reagan High School, San Antonio, TX 78258 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** required.) Candidate / Officeholder name Office sought Office held 1/4 Page Ad for Program

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 1-800-325-8506

2005 JAN 18 PHOHEDULE F **POLITICAL EXPENDITURES** The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 5 of 14 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Payee Name Amount 8/19/2004 Roosevelt Booster Club (\$) \$135.00 Contributor address; City; State; Zip Code c/o Roosevelt High School, San Antonio, TX 78218 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Office held required.) Office sought 1/4 Page Ad for Program Date Payee Name Amount 8/19/2004 John Marshall Booster Club \$95.00 Contributor address: City: State: Zip Code c/o John Marshall High School, San Antonio, TX 78240 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s required.) Office sought Office held 1/4 Page Ad for Program Date Pavee Name Amount 8/20/2004 Office Depot (\$) \$39.53 Contributor address; City; State; Zip Code Store #458, San Antonio, TX 78216 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Office sought required.) Office held Storage Boxes Date Payee Name 8/23/2004 Allison Green (\$) \$1,261.88 Contributor address: City; State; Zip Code 1723 Typhoon, San Antonio, TX 78248 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held Contract Labor, Reimbursements, Phone ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070

Austin, Texas 78711-2070

CITY CLERK (512) 463-5800 1-800-325-8506

2005 14H 18 schebule F POLITICAL EXPENDITURES The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 6 of 14 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Payee Name Amount 8/24/2004 Allison Greer \$169.82 Contributor address; City; State; Zip Code 1723 Typhoon, San Antonio, TX 78248 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information required.) Office held Phone Reimbursement Date Payee Name Amount 9/8/2004 Reagan Diamondback Sports Assocation \$105.00 City; State; Zip Code c/o Reagan High School, San Antonio, TX 78258 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held Ad for Program Date Payee Name 9/10/2004 Taft Athletic Booster Club (\$) \$36.70 Contributor address; City; State; Zip Code c/o Taft High School, San Antonio, TX 78253 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Purpose of payment (See instructions regarding type of information Office held Ad for Program Pavee Name Amount (\$) 9/17/2004 Society of Professional Journalists \$200.00 Contributor address; City; State; Zip Code , , **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office held Campaign Ad ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITY (612) LES 1800 1-800-325-8506

POLITI	CAL EXPENDITURES		2005 JAN 18 PH 5 6	ң дрисе F
The Instruction	guide explains how to copiete this form.		Total pages Schedule A1:	Dago 7 of 14
				Page 7 of 14
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commission	on filers)
Date	Payee Name			
9/23/2004	Ed Berlanga			Amount (\$)
	Contributor address; City; State; Zip Code	e		\$866.86
	1923 Slumber Pass, San Antonio, TX	7858-6232		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Reimbursement for Computer			
Date	Payee Name			Amount
10/6/2004	Cingular Wireless			(\$)
	Contributor address; City; State; Zip Code		\$108.67	
	P.O. Box 650574, Dallas, TX 75265			
Purpose of payment (Serequired.)	ee instructions regarding type of information	**Complete if direct	t expenditure to benefit C/OH ** name Office sought	Office held
	Monthly Service			
Date	Payee Name			Amount
10/6/2004	Donna Hagauer			(\$)
	Contributor address; City; State; Zip Code	e	***************************************	\$63.66
	745 E. Mulberry #850, San Antonio, TX	78212		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Reimbursement for Stamps/Office Supplies			
Date	Payee Name	1		
10/21/2004	La Prensa Foundation, Inc.			Amount (\$)
	Contributor address; City; State; Zip Code	e		\$100.00
Purpose of payment (Serequired.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Donation			
	ATTACH ADDITIONAL CO	LES OF THIS FORM A	S NEEDED	



POLITI	CAL EXPENDITURES		2005 163 18	Ррснедис F	1
The Instruction	guide explains how to coplete this form.		Total pages Schedule		
	.		A CONTROL OF THE SECTION OF THE SECT	Page 8 of 14	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics	s commission filers)	
Date	Payee Name			Amount	
11/11/2004	Swirl			(\$)	
	Contributor address; City; State; Zip Code 315 9th St. #3, San Antonio, TX 78215			\$2,550.45	
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH me Office	te sought Office h	held
	Printing/Database Svcs.				
Date	Payee Name				
11/11/2004	Michael Vasquez			Amount (\$)	
	Contributor address; City; State; Zip Code	\$1,067.72			
	999 E. Basse, Suite 180-209, San Anton	io, TX 78209			
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH	** te sought Office h	held
,	Photography				
Date	Payee Name				minus - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
11/15/2004	SIGNSplus s.a.			Amount (\$)	
	Contributor address; City; State; Zip Code 4169 Naco Perrin Blvd., San Antonio, T			\$391.91	
Purpose of payment (S required.)	ee instructions regarding type of information Signs, banner & stickers	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH me Office		held
Date	Payee Name				
11/15/2004	Taylor Ochoa Design			Amount (\$)	
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	*******	\$375.00	
	4901 Broadway, Suite 231, San Antonio,	TX 78209			
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH me Office	** Office to	held
	Preliminary Logo Design				
- V 1710 a / abb.	ATTACH ADDITIONAL COR	PIES OF THIS FORM AS	NEEDED		

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 1-800-325-8506

2005 JAM 18 PACHEDULE F POLITICAL EXPENDITURES The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 9 of 14 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Payee Name 11/15/2004 Steven Grau (\$) \$5,000.00 Contributor address; City; State; Zip Code 15873 Redwoods Manor, San Antonio, TX 78247 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information required.) Office held Contract Labor, Reimbursements, Phone Date Payee Name Amount 11/15/2004 Blue Cactus Café at Wetmore Store \$731.74 Contributor address: City: State: Zip Code 13525 Wetmore Road, San Antonio, TX 78247 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office sought Office held Barbeque for Fundraiser Date Payee Name 11/19/2004 Cingular Wireless \$36.85 Contributor address; City; State; Zip Code P.O. Box 650574, Dallas, TX 75265 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Monthly Service Payee Name Amount 11/19/2004 Cingular Wireless \$109.00 Contributor address; City; State; Zip Code P.O. Box 650574, Dallas, TX 75265 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Office held Monthly Service ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITI	ICAL EXPENDITURES		2005 JAN 18	PH SCHEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedu	
				Page 10 of 14
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethi	cs commission filers)
Date	Payee Name			A
11/29/2004	Allied Advertising			Amount (\$)
	Contributor address; City; State; Zip Code			\$2,000.00
	3700 Blanco Rd., San Antonio, TX 782	212		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/C name Of	H ** ice sought Office held
	Down Payment - Signs/Advertising			
Date	Payee Name	<u>. </u>	THE COLUMN TO TH	
11/29/2004	Swirl			Amount (\$)
	Contributor address; City; State; Zip Code	 9		\$1,975.00
	315 9th St. #3, San Antonio, TX 78215			
Purpose of payment (S	ee instructions regarding type of information	**Complete if direc	ct expenditure to benefit C/C	H **
required.)	Printing/Database Svcs.	Candidate / Öfficeholder	name Of	fice sought Office held
Date	Payee Name			
12/2/2004	Steven Grau			Amount (\$)
	Contributor address; City; State; Zip Code	······	*	\$5,000.00
	15873 Redwoods Manor, San Antonio,	TX 78247		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/C name Of	H ** Grant Office held
	Contract Labor			
Date	Payee Name	<u> </u>		
12/3/2004	Arrow Key Service			Amount (\$)
	Contributor address; City; State; Zip Code	·····		\$68.96
	4322 Vance Jackson, San Antonio, TX	78230		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder	ct expenditure to benefit C/C name Of	H ** fice sought Office held
	Headquarter Locks			
	ATTACH ADDITIONAL COP	PIES OF THIS FORM A	S NEEDED	



POLITI	CAL EXPENDITURES		2005 JAN	18eoHeofirfe ³ E	
The Instruction	guide explains how to coplete this form.		Total pages Schedule		
				Page 11 of 14	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics	commission filers)	
Date	Payee Name			Amount	
12/4/2004	Allied Advertising			(\$)	
	Contributor address; City; State; Zip Code 3700 Blanco Rd., San Antonio, TX 7821			\$4,540.42	
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name		e sought Office he	∍ld
	Signs, banner & stickers				
Date	Payee Name		***************************************		
12/8/2004	Lowe's Home Improvement Warehouse			Amount (\$)	
	Contributor address; City; State; Zip Code			\$284.06	
	11718 IH 35, San Antonio, TX 78233				
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name		** Office he	eld
, ,	Poles, Cable			-	
Date	Payee Name				
12/10/2004	Allied Advertising			Amount (\$)	
	Contributor address; City; State; Zip Code			\$1,000.00	
	3700 Blanco Rd., San Antonio, TX 7821	2			
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name	nditure to benefit C/OH	** e sought Office he	
	Banners for Pylon Sign Deposit	Galadad, Gillering in all	S.II.S.	o soogii.	iiu
Date	Payee Name				
12/12/2004	Lowe's Home Improvement Warehouse			Amount (\$)	
	Contributor address; City; State; Zip Code			\$84.14	
	11718 IH 35, San Antonio, TX 78233				
Purpose of payment (Si required.)	ee instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name		** e sought Office he	eld
	Nails				
	ATTACH ADDITIONAL COPI	ES OF THIS FORM AS NE	EDED		

Austin, Texas 78711-2070

RECEIVED CITY OF SAN ANTONIO CITS 20 46 F R800 1-800-325-8506

POLITI	CAL EXPENDITURES		2005 JAN 18	PH 4:	FOULE F
The Instruction	guide explains how to coplete this form.		Total pages Scheduk		ge 12 of 14
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics	s commission f	ilers)
Date 12/15/2004	Payee Name Allied Advertising				Amount (\$)
	Contributor address: City; State; Zip Code 3700 Blanco Rd., San Antonio, TX 7821	2		-	\$400.00
Purpose of payment (S required.)	ee instructions regarding type of information Bumper Stickers	**Complete if direct ex Candidate / Officeholder nar	penditure to benefit C/Ohne Offi	t ** ce sought	Office held
Date 12/16/2004	Payee Name City of San Antonio Development Services Contributor address; City; State; Zip Code 1901 S. Alamo, San Antonio, TX 78204			-	Amount (\$) \$887.28
Purpose of payment (S required.)	Maps	**Complete if direct ex Candidate / Officeholder nar	xpenditure to benefit C/Ohne Offi	d ** ce sought	Office held
Date 12/16/2004	Payee Name Bexar County Elections Dept. Contributor address; City; State; Zip Code 203 W. Nueva, San Antonio, TX 78205			-	Amount (\$) \$300.00
Purpose of payment (S required.)	ee instructions regarding type of information Database	**Complete if direct e Candidate / Officeholder nar	xpenditure to benefit C/Oh ne Offi	H ** ce sought	Office held
Date 12/19/2004	Payee Name Insurer's Group Independent Business Unit Contributor address; City; State; Zip Code P.O. Box 820, Beeville, TX 78104			-	Amount (\$) \$1,101.98
Purpose of payment (S required.)	lnsurance Coverage Campaign Office	**Complete if direct e: Candidate / Officeholder nai	xpenditure to benefit C/OI me Offi	1 ** ce sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS FORM AS	NEEDED		

P.O. Box 12070

Austin, Texas 78711-2070

2005 JAM 18 PH 4: 498CHEDULE F **POLITICAL EXPENDITURES** Total pages Schedule A1: The Instruction guide explains how to coplete this form. Page 13 of 14 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Pavee Name Amount 12/20/2004 Allied Advertising (\$) \$992.05 Contributor address; City; State; Zip Code 3700 Blanco Rd., San Antonio, TX 78212 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office held Office sought **Bumper Stickers** Date Payee Name Amount 12/20/2004 Ed Berlanga \$483.29 Contributor address; City; State; Zip Code 1923 Slumber Pass, San Antonio, TX 7858-6232 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Office sought Office held Reimbursement for Software Date Payee Name Amount 12/22/2004 Commserve, Inc. (\$) \$770.41 Contributor address; City; State; Zip Code 130 Palisades Dr., Universal City, TX 78148 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Power System Date Payee Name Amount (\$) 12/23/2004 Deborah Marino \$2,533.33 Contributor address; City; State; Zip Code 7515 Pepper Vine Lane, San Antonio, TX 78249 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Purpose of payment (See instructions regarding type of information Office held required.) Consulting ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



P	OL	IT	ICA	١L	EX	PEN	۷D	ITI	JR	ES

20SCHEDULE	
------------	--

49

The Instruction	guide explains how to coplete this form.	Total pages Schedule /	A1: Page 14 of 14
FILER NAME Carroll W. Schubert		ACCOUNT # (Ethics of	commission filers)
Date 12/23/2004	Payee Name Priest Cantu		Amount (\$)
	Contributor address; City; State; Zip Code 547 E. Amber, San Antonio, TX 78221		\$2,533.33
rpose of payment (Soquired.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Office	sought Office held
	Consulting		
Date	Payee Name		Amount
12/27/2004	Home Depot		(\$)
	Contributor address; City; State; Zip Code	<u> </u>	\$78.81
	435 Sunset Rd. West, San Antonio, TX	78209	
rpose of payment (S quired.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office	sought Office held
	Office Supplies		
Date	Payee Name		Amount
12/28/2004	McCoy's Building Supply Centers		(\$)
	Contributor address; City; State; Zip Code	9	\$22.62
	11511 Perrin Beitel, San Antonio, TX 7	78217	
rpose of payment (S quired.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office	sought Office held